


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006789		
1. Entity Name FUNDACION LUGARTENIENTE ANTONIO MACEO CPRP.		

Principal Place of Business 6450 S.W. 20TH TERR MIAMI, FL 33155	Mailing Address 6450 S.W. 20TH TERR MIAMI, FL 33155
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FILED
04 MAY -4 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3643251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO
6450 S.W. 20TH TERR
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

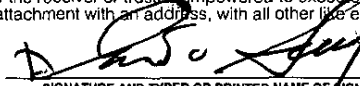
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Zalia, Sanchez 6450 SW 20th Terrace Miami, Florida 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, ERNESTO 6450 S.W. 20 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YT Zalia Sanchez 6450 SW 20th Terrace Miami, Florida 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/07/04--01019--001 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-04 705-260-0680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #